

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	10DEC20-39KH-00883-14DMA	200230100883 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : MUTIPLE MOTOR VEHICLE COLLISION (GOV-POV)

<u>Date Received</u> 10-DEC-2020	<u>Time Received</u> 1445	<u>Incident Received By</u> Radio	<u>Start Date / Time of Incident</u> 10-DEC-2020 1445	<u>End Date / Time of Incident</u> 10-DEC-2020 1535
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<u>Type of Accident</u> Vehicle-Vehicle	<u>Number Vehicles Involved</u> 2	<u>Severity</u> 0 Number Killed 0 Number Injured Property Damage
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Weather : Clear Lighting : Daylight

LOCATION

<u>On/Off Base</u> On	<u>Road or Street on Which Accident Occurred</u> HARRIS AVENUE	<u>City, State/Territory, Zip/Postal Code, Country</u> KANE OHE BAY, HI 96863 USA
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At the InterSection of MIDDAGH STREET

Kind of Locality : Highway/Road/Alley (includes street)

VEHICLE(S)

Vehicle # 1	<u>Year</u> 18	<u>Color</u> Black	<u>Model</u> F250	<u>Body Style</u> Pickup	<u>Make</u> FORD	<u>Owner Name</u> US GOVERNMENT
<u>License Plate</u> US Government / G43 2624R	<u>DOD Decal</u>	<u>Vehicle Identification Number (VIN)</u> 1FDPF2A65FED58479		<u>Ownership Type</u> US Federal Gov.		
<u>Insurance Policy Number</u> US GOV	<u>Insurance Company</u> US GOV		<u>Insurance Expires On</u>			

Other Identifying Marks :

Traffic Control/Road Conditions

<u>Driving Lanes :</u> Two Lane	<u>Character :</u> Level, Straight
<u>Surface :</u> Blacktop	<u>Conditions :</u> Dry
<u>Road Defects :</u> No Defects	<u>Traffic Control :</u> Stop Sign

Contributing Circumstances and Driver Actions

<u>Direction Headed :</u> W	<u>Vehicle Defects :</u> None Noted	
<u>Lawful Speed :</u> 20	<u>Estimated Speed at Impact :</u>	<u>Estimated Speed when Danger was First Noticed :</u>
<u>Distance Traveled after Impact :</u>	<u>Estimated Distance when Danger was First Noticed :</u>	

Vehicle Damage

<u>Severity of Damage :</u> Functional Damage	<u>Areas Damaged :</u> 1 - Front Right, 2 - Right Front Quarter-Panel
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Towed By : RELEASED TO OWNER Towed To : N/A

Vehicle # 2	<u>Year</u> 19	<u>Color</u> Gray	<u>Model</u> PVAN	<u>Body Style</u> Van	<u>Make</u> CHRY	<u>Owner Name</u> (b) (6), (b) (7)(C)
<u>License Plate</u> Hawaii / TSR870	<u>DOD Decal</u> T7869517	<u>Vehicle Identification Number (VIN)</u> (b) (6), (b) (7)(C)		<u>Ownership Type</u> Private/Personal		

<u>Insurance Policy Number</u> (b) (6), (b) (7)(C)		<u>Insurance Company</u> USAA		<u>Insurance Expires On</u> 09-JUN-2021	
<u>Other Identifying Marks</u> : ROOF RACKS					
<u>Traffic Control/Road Conditions</u>					
<u>Driving Lanes</u> : Two Lane			<u>Character</u> : Level, Straight		
<u>Surface</u> : Blacktop			<u>Conditions</u> : Dry		
<u>Road Defects</u> : No Defects			<u>Traffic Control</u> : Stop Sign		
<u>Contributing Circumstances and Driver Actions</u>					
<u>Direction Headed</u> : S		<u>Vehicle Defects</u> : None Noted			
<u>Lawful Speed</u> : 20		<u>Estimated Speed at Impact</u> :		<u>Estimated Speed when Danger was First Noticed</u> :	
<u>Distance Traveled after Impact</u> :		<u>Estimated Distance when Danger was First Noticed</u> :			
<u>Vehicle Damage</u>					
<u>Severity of Damage</u> : Functional Damage		<u>Areas Damaged</u> : 8 - Left Rear Quarter-Panel, 9 - Left Rear Door			
<u>Towed By</u> : RELEASED TO OWNER			<u>Towed To</u> : N/A		
<u>DRIVER(S)</u>					
<u>DRIVER #1</u>				<u>Vehicle 1</u>	
<u>Name</u> (b) (6), (b) (7)(C)		<u>ID Num</u>		<u>Rank</u>	
<u>Branch of Service</u> Marine Corps	<u>Personnel Type</u> MILITARY	<u>Status</u> Regular (Active)	<u>Date of Birth</u> (b) (6), (b) (7)(C)	<u>Place of Birth</u>	
<u>Home Telephone</u> (b) (6), (b) (7)(C)			<u>Work Telephone</u> (b) (6), (b) (7)(C)		
<u>Address</u> (b) (6), (b) (7)(C)					
<u>Organization</u> (b) (6), (b) (7)(C)			<u>UIC / RUC</u> (b) (6), (b) (7)(C)		
<u>Drivers License</u> (b) (6), (b) (7)(C) USA		<u>Limitations on License</u> None		<u>Driving Experience</u> 3	
<u>Seat Belt Use</u> Both Used	<u>Seat Occupied</u> 1	<u>Chemical Test Given</u> No	<u>Chemical Test Refused</u> No	<u>BAC PCT</u>	
<u>Injury Type(s)</u> :					
<u>Contributing Circumstances and Driver Actions</u>					
<u>Citation Number</u> N19366443		<u>Driver Actions</u> Making Left Turn			
<u>DRIVER #2</u>				<u>Vehicle 2</u>	
<u>Name</u> (b) (6), (b) (7)(C)		<u>ID Num</u>		<u>Rank</u>	
<u>Branch of Service</u>	<u>Personnel Type</u> CIVILIAN	<u>Status</u> FAMILY MEMBER	<u>Date of Birth</u> (b) (6), (b) (7)(C)	<u>Place of Birth</u>	
<u>Home Telephone</u> (b) (6), (b) (7)(C)			<u>Work Telephone</u>		
<u>Address</u> (b) (6), (b) (7)(C)					
<u>Organization</u> (b) (6), (b) (7)(C)			<u>UIC / RUC</u>		
<u>Drivers License</u> (b) (6), (b) (7)(C) USA		<u>Limitations on License</u> None		<u>Driving Experience</u> 17	
<u>Seat Belt Use</u> Both Used	<u>Seat Occupied</u> 1	<u>Chemical Test Given</u> No	<u>Chemical Test Refused</u> No	<u>BAC PCT</u>	
<u>Injury Type(s)</u> :					
<u>Contributing Circumstances and Driver Actions</u>					
<u>Citation Number</u>					

Driver Actions Going Straight Ahead				
OCCUPANTS(S)				
PEDESTRIAN(S)				
COMPLAINANT(S)				
COMPLAINANT				
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Address (b) (6), (b) (7)(C)				
Organization (b) (6), (b) (7)(C)		UIC / RUC	Work Telephone	
OFFENSE(S)				
PROPERTY				
PROPERTY - NARCOTIC(S)				
WITNESS(S)				
VICTIMS(S)				
SPONSOR(S)				
SPONSOR				
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth
Address (b) (6), (b) (7)(C)				
Organization (b) (6), (b) (7)(C)		UIC / RUC	Work Telephone	
Sponsor of :				
SUSPECT(S) / ARRESTEE(S)				
ADDITIONAL POLICE OFFICERS				
POLICE OFFICER				
Name (b) (6), (b) (7)(C)		ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Organization PMO	
NARRATIVE				
<p>At 1445, 10 Dec 20, PMO was notified of a multiple traffic collision at the intersection of Harris Ave. and Middaugh St. Kaneohe HI, 96863. This is located in Special Maritime and Territorial Jurisdiction of the United States.</p> <p>Statements:</p> <p>Driver-1 Provided me with a verbal statement essentially relating the following: I was making a left turn and hit the other car while it was going through the intersection. The other car was going approximately 15 mph and I was going 7 mph, roads were paved and dry it was sunny outside with good visibility.</p> <p>Investigation revealed that Driver-1 was traveling west bound on Middaugh St, after coming to a complete stop at a posted stop sign, he proceeded to make a left turn when he failed to observe and avoid collision with Vehicle-2. Vehicle-2 was traveling south bound Harris Ave when she was struck by Vehicle-1. Vehicle-1 front right bumper and headlight made contact with Vehicle-2 rear left quarter panel.</p>				

Damage:

Vehicle-1 sustained damage consisting of, but not limited to, cracked right head light, dented right side bumper, minor scratches and paint transfer.

Vehicle-2 sustained damage consisting of, but not limited to, dented left rear quarter panel, minor scratches and paint transfer.

Citations:

Driver-1 (b) (6), (b) (7)(C) was issued a DD Form 1408 (N19366443) for failure to maintain sufficient distance.

ENCLOSURE(S)

ENCL #	DESCRIPTION
1	Sketch Diagram
2	Photograph Log (3 pages)
3	Standard Form 91
4	DD Form 1408 (N19366443)

REPORTING/APPROVING OFFICIALS

Reporting Official (b) (6), (b) (7)(C) Accident Investigator	Date 14-DEC-2020	Approving Official (b) (6), (b) (7)(C) Accident Investigator	Date 14-DEC-2020 FINAL APPROVED ON 14-DEC-2020
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DISTRIBUTION

Referred To/Assumed By :

Distribution :

Photo-1: Front right profile of Vehicle-1. New damage circled below.



Photo-2: Rear left profile of Vehicle-1. No new damage shown.



Photo-3: Front right profile of Vehicle-2, no new damage shown.



Photo-4: Rear left profile of Vehicle-2, new damage circled below.



Photo-5: Close up of Vehicle-1, damage consisting of, but not limited to, cracked right head light, dented right side bumper, minor scratches and paint transfer.



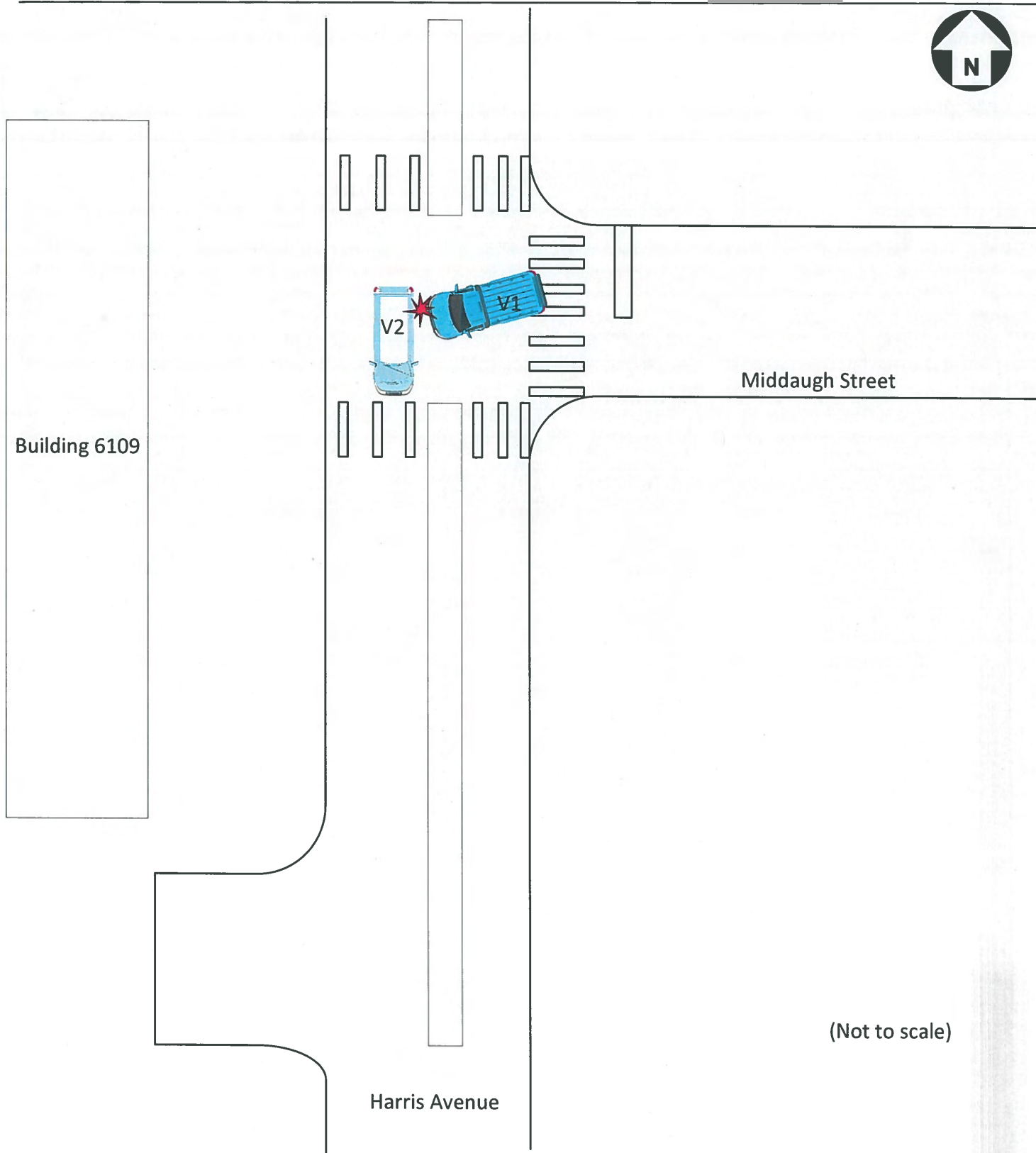
Photo-6: Close up of Vehicle-2, damage consisting of, but not limited to, dented left rear quarter panel, minor scratches and paint transfer.



PROVOST MARSHALS OFFICE
MCBH KANEOHE BAY, HAWAII 96863

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20201210	1445	At intersection of Middaugh Street and Harris Avenue	(b) (6), (b) (7)(C)	200230100883



CCN: 200230100883

Enclosure (2)

MOTOR VEHICLE ACCIDENT (CRASH) REPORT	Please read the Privacy Act Statement on Page 4	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out by the operator's supervisor. Section XI thru XIII are filled out by a crash investigator for bodily injury, fatality, and/or damage exceeding \$500.
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SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, First, Middle) (b) (6), (b) (7)(C)	2. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS (b) (6), (b) (7)(C)	3. DATE OF CRASH 20201210
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS (b) (6), (b) (7)(C)	4b. TELEPHONE NUMBER (b) (6), (b) (7)(C)	4c. E-MAIL ADDRESS (b) (6), (b) (7)(C)
5. TAG OR IDENTIFICATION NUMBER (b) (6), (b) (7)(C)	6. ESTIMATED REPAIR COST \$	7. YEAR OF VEHICLE 2015
8. MAKE Ford	9. MODEL F-250	10. SEAT BELTS USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE Scrapes on front right side of vehicle		

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)

12. DRIVER'S NAME (Last, First, Middle) (b) (6), (b) (7)(C)	13. SOCIAL SECURITY NUMBER/ TAX IDENTIFICATION NUMBER	14. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS
15a. DRIVER'S WORK ADDRESS (b) (6), (b) (7)(C)	15b. TELEPHONE NUMBER (b) (6), (b) (7)(C)	
16a. DRIVER'S HOME ADDRESS	16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE Driver side Rear Damage	18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE 2015	20. MAKE OF VEHICLE Chrysler	21. MODEL OF VEHICLE PUAN
22. TAG NUMBER AND STATE ISR 870	23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA	23b. POLICY NUMBER
		23c. TELEPHONE NUMBER
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED	25a. OWNER'S NAME(S) (Last, First, Middle)	25b. TELEPHONE NUMBER
26. OWNER'S ADDRESS(ES)		

SECTION III - FATALITY OR INJURED (Use Section VIII if additional space is needed)

27. NAME (Last, First, Middle)	28. SEX	29. DATE OF BIRTH
30. ADDRESS		
A		
31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE
34. FIRST AID GIVEN BY		
35. TRANSPORTED BY	36. TRANSPORTED TO	
37. NAME (Last, First, Middle)	38. SEX	39. DATE OF BIRTH
40. ADDRESS		
B		
41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE
44. FIRST AID GIVEN BY		
45. TRANSPORTED BY	46. TRANSPORTED TO	
47. PEDESTRIAN	a. NAME OF STREET OR HIGHWAY	
	b. DIRECTION OF PEDESTRIAN (Southwest (SW) corner to Northwest (NW) corner, etc.) FROM TO	
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF CRASH (crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)	

Previous editions are NOT usable

National Stock Number
7540-00-634-4041STANDARD FORM 91 (REV. 9/2020)
Prescribed by GSA - FMR (41 CFR) 102-34.290

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ENCLOSURE (3)

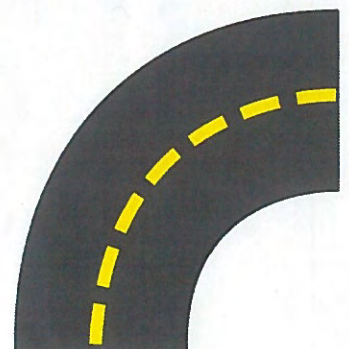
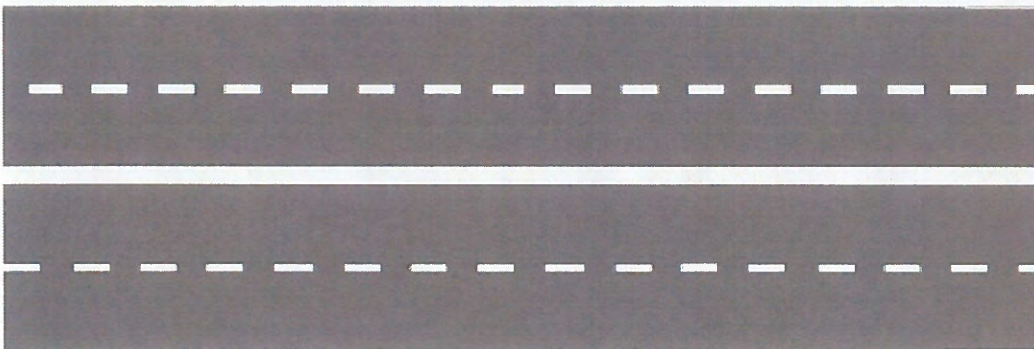
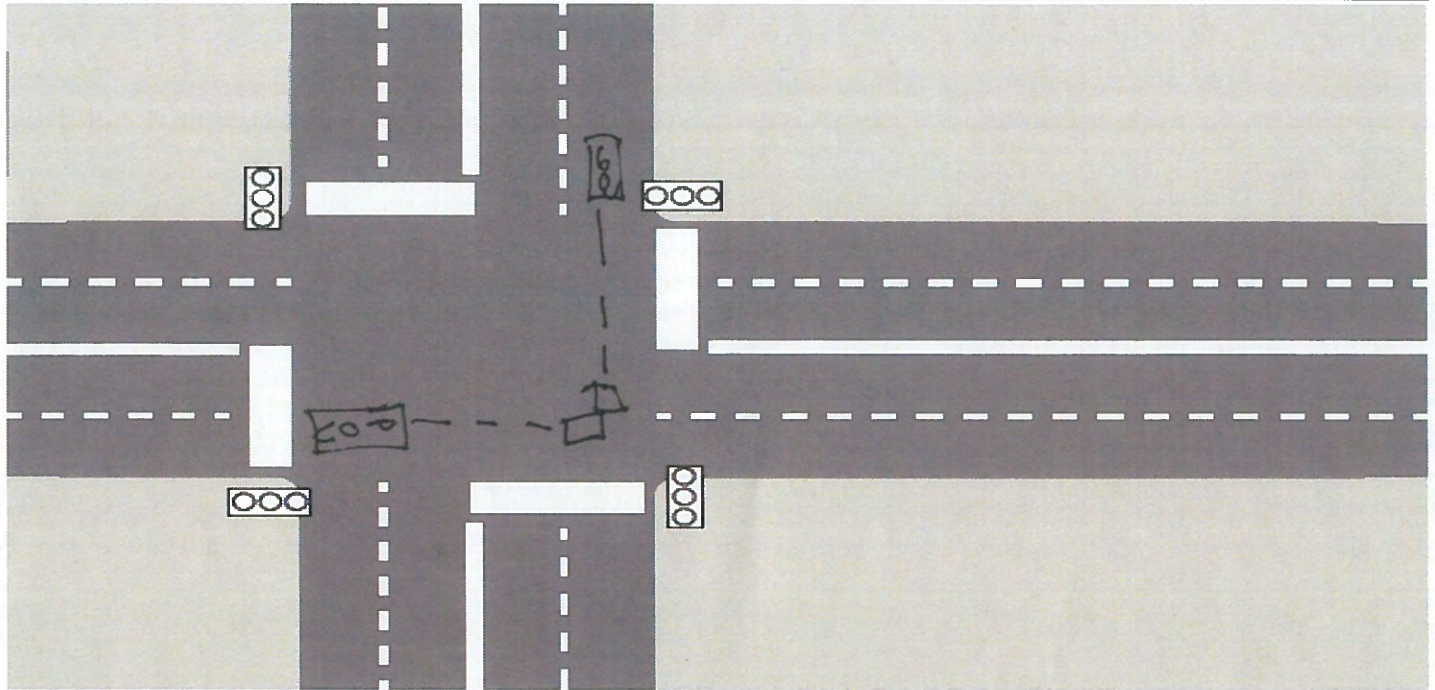
48. DATE OF CRASH 7/20/19	49. PLACE OF CRASH (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
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50. TIME OF CRASH ☐ AM ☒ PM

49. PLACE OF CRASH (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

HARRIS RD MCBH

51. INDICATE ON THE DIAGRAMS BELOW WHAT HAPPENED



- (Example: ----> **1** **2** <----)

2. Use solid line to show path before crash _____ 2
Broken line after crash - - - - - 2

3. Show pedestrian by -----> 

4. Show railroad by -|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this compass

52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA
		a. Front	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. Right Front			c. Left Front			d. Rear			e. Right Rear			f. Left Rear
		g. Right Side	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Left Side												

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of crash vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

Vehicle 1 was making a left turn and hit vehicle while it was going through the intersection. Vehicle 2 was going approximately 15mph and vehicle 1 was going approximately 7mph, roads were paved and dry it was sunny outside with good visibility.

SECTION V - WITNESS/PASSENGER (Witness must fill out **Standard Form 94 - Statement of Witness**) (Continue in Section VIII.)

54. NAME (Last, First, Middle)	55. TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
57. WORK ADDRESS	58. HOME ADDRESS	
59. NAME (Last, First, Middle)	60. TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, First, Middle)	64b. TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER (b) (6), (b) (7)(C)	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS MCBH PNO	71a. PERSON CHARGED WITH CRASH (b) (6), (b) (7)(C)	71b. VIOLATION(S) FAILURE TO MAINTAIN SUFFICIENT DISTANCE

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ON ADDITIONAL SHEETS OF PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 - United States Code set forth at 5 U.S.C. § 552a. Authority to collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on crashes involving privately owned and Federal fleet vehicles, and collecting crash claims resulting from crashes. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the Government Accountability Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and the Department of Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for Federal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER (b) (6), (b) (7)(C)	72b. DRIVER'S SIGNATURE (b) (6), (b) (7)(C)	72c. DATE 20201210
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SECTION X - DETAILS OF TRIP DURING WHICH CRASH OCCURRED

73. ORIGIN Base land fill		74. DESTINATION 1/12 Battalion headquarters	
75. EXACT PURPOSE OF TRIP Dropping pallets at landfill			
76. TRIP BEGAN	DATE 20201210	TIME (Include AM or PM) 2:20pm	77. CRASH OCCURRED
		DATE 20201210	TIME (Include AM or PM) 2:27pm
78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)		79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)		81. DID THE OPERATOR, WHILE EN ROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)	
a. DID THIS CRASH OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
b. COMMENTS OCCURRED UNDOER SCOPE OF DUTY			
82. COMPLETED BY DRIVER'S SUPERVISOR	83a. NAME AND TITLE OF SUPERVISOR (b) (6), (b) (7)(C)	83b. SUPERVISOR'S SIGNATURE (b) (6), (b) (7)(C)	83c. DATE 20201010
		83d. TELEPHONE NUMBER (b) (6), (b) (7)(C)	

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ENCLOSURE (3

SECTION XI - CRASH INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☒ NO ☐ YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment)

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. CRASH INVESTIGATOR

90. CRASH REVIEWING OFFICIAL

a. SIGNATURE (b) (6), (b) (7)(C)		b. DATE 10 DEC 20		a. SIGNATURE (b) (6), (b) (7)(C)		b. DATE 10 DEC 20	
c. NAME (First, Middle, Last) (b) (6), (b) (7)(C)				c. NAME (First, Middle, Last) (b) (6), (b) (7)(C)			
d. TITLE ACCIDENT INVESTIGATOR				d. TITLE TRAFFIC CHIEF			
e. OFFICE AID MCBH PMO				e. OFFICE AID MCBH PMO			
f. TELEPHONE NUMBER (b) (6), (b) (7)(C)		EXTENSION		f. TELEPHONE NUMBER (b) (6), (b) (7)(C)		EXTENSION	
g. E-MAIL ADDRESS				g. E-MAIL ADDRESS			

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)		
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.						
1. NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)						
2. RANK / GRADE		3. DATE OF BIRTH		4. SOCIAL SECURITY NO.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
5. ORGANIZATION OR ADDRESS (b) (6), (b) (7)(C)						
6. DRIVER LICENSE NUMBER (b) (6), (b) (7)(C)				7. ISSUING AUTHORITY (State or Military) (b) (6), (b) (7)(C)		
8. MAKE OR TYPE OF VEHICLE FORD PICKUP		9. STATE LICENSE OR REGIS NO. GOV 6432624R		10. INSTL TAG NO. —		
11. DATE (Day-month-year) 10 DEC 20		12. TIME 1508		13. LOCATION HARRIS AVE		
VIOLATION	<input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)	<input checked="" type="checkbox"/> 5 - 10 MPH	<input checked="" type="checkbox"/> 11 - 15 MPH	<input checked="" type="checkbox"/> OVER 15 MPH		
	<input type="checkbox"/> IMPROPER LEFT TURN	<input type="checkbox"/> NO SIGNAL	<input type="checkbox"/> CUT CORNER	<input type="checkbox"/> FROM WRONG LANE		
	<input type="checkbox"/> IMPROPER RIGHT TURN	<input type="checkbox"/> NO SIGNAL	<input type="checkbox"/> INTO WRONG LANE	<input type="checkbox"/> FROM WRONG LANE		
	<input type="checkbox"/> DISOBEYED TFC SIGNAL (When light turned red)	<input type="checkbox"/> PAST MIDDLE INTERSECTION	<input type="checkbox"/> MIDDLE OF INTERSECTION	<input type="checkbox"/> HAD NOT REACHED INTERSECTION		
	<input type="checkbox"/> DISOBEYED STOP SIGN	<input type="checkbox"/> STOPPED WRONG PLACE	<input type="checkbox"/> FAILED TO STOP	<input type="checkbox"/> ROLLED / SPED THROUGH		
	<input type="checkbox"/> IMPROPER PASSING AND LANE USAGE	<input type="checkbox"/> AT INTERSECTION	<input type="checkbox"/> CUT IN	<input type="checkbox"/> WRONG SIDE OF ROAD		
	<input type="checkbox"/> LANE STRADDLING	<input type="checkbox"/> BETWEEN TFC	<input type="checkbox"/> ON RIGHT	<input type="checkbox"/> ON HIGH		
	<input type="checkbox"/> ON CURVE	<input type="checkbox"/> WRONG LANE	<input type="checkbox"/> ON CURVE	<input type="checkbox"/> ON CURVE		
	14. OTHER VIOLATIONS (Describe) SPR					
	15. REMARKS 1. FAILURE TO MAINTAIN SUFFICIENT DISTANCE.					
16. NAME OF PERSON ISSUING TRAFFIC TICKET (b) (6), (b) (7)(C)						
17. ORGANIZATION AND INSTALLATION PMA AID MBBH				18. RANK / GRADE (b) (6), (b) (7)(C)		

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

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ENCLOSURE (4)